DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Health Care Financing
HCF 11010 (Rev. 06/03)

STATE OF WISCONSIN
HFS 107.07(2), Wis. Admin. Code

WISCONSIN MEDICAID
PRIOR AUTHORIZATION / DENTAL ATTACHMENT 1 (PA/DA1)
CHECK BOX VERSION

Requested identifying information will only be used to process the prior authorization (PA) request. Failure to supply any of the requested information may result in a denial of the PA.

PA Number	Recipient Medicaid Identification Number	Billing Provider's Medicaid Provider Number	Performing Provider's Medicaid Provider Number

CATEGORY	PROCEDURE CODES (CHECK ALL THAT APPLY)		TREATMENT PLAN JUSTIFICATION (CHECK ALL THAT APPLY)	REQUIRED DOCUMENTATION
Diagnostic Services	☐ D0210 ☐ D0330 ☐ D0340 ☐ D0350 ☐ D0470		☐ Frequency limitation needs to be exceeded ☐ Ortho ☐ Department of Health and Family Services request ☐ Date of models ☐ HealthCheck referral	Explanation to exceed frequency limitation.
Preventive Services	☐ D1110 ☐ D1120 ☐ D1201 ☐ D1203 ☐ D1204 ☐ D1205		☐ Permanent disability, describe ☐ Rampant decay ☐ Xerostomia ☐ Radiation therapy to head and neck ☐ Root caries / recession ☐ Medication ☐ Other ☐ Quantity requested Years requested ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 (check one)	
	☐ D1351		☐ Congenital malformation ☐ Newly erupted tooth Tooth numbers ☐ Medical condition	• No PA needed under age 21 for first and second molars. • Sealants are not covered after age 20.
Restorative Services	☐ D2791*	Tooth No.	☐ Signed Provision of Upgraded Partial Denture and Crowns to Medicaid Recipients	One periapical X-ray.
	☐ D2930 ☐ D2932 ☐ D2933	Tooth No.	☐ Tooth numbers 6-11, 22-27, D-G, supernumerary ☐ Successful endo tx[1] ☐ More than 50% tooth involved in trauma / caries ☐ Cannot be restored with composite ☐ AAP[2] I or II	• One periapical X-ray. • No PA needed under age 21. • D2933 is not allowed on teeth numbers 22-27.
Endodontic Services	☐ D3310 ☐ D3320 ☐ D3330	Tooth No.	☐ AAP I or II ☐ Restorative tx completed ☐ Restorative tx in process ☐ Extractions last three years Tooth number and date ☐ Pathology, describe	• Two bitewing and one periapical X-rays. • Intra-oral charting. • Document pathology, abcesses, carious exposure, non-vital, etc.
	☐ D3410 ☐ D3430	Tooth No.	☐ Periapical pathology ☐ Failed root canal ☐ Root fx[3] ☐ Existing porcelain crown ☐ 6-11, 22-27 ☐ Other	• One periapical X-ray. • Include both codes on PA.
Periodontic Services	☐ D4210 ☐ D4211		☐ Medication induced hyperplasia ☐ Irritation ortho bands ☐ Hyperplasia ☐ More than 25% crown involved ☐ D4211 tooth numbers ☐ Other	• Periodontal charting. • Comprehensive periodontal treatment plan.
	☐ D4341		☐ Older than age 12 — Pockets 4 to 6 mm ☐ History of periodontal abcess ☐ Early bone loss ☐ Moderate bone loss ☐ AAP II or III ☐ Oral hygiene: ☐ Good ☐ Fair ☐ Poor	• Periodontal charting. • Comprehensive periodontal treatment plan.
	☐ D4355		☐ Excess calculus on X-ray ☐ AAP I or II ☐ No dental tx in multiple years ☐ Oral hygiene: ☐ Good ☐ Fair ☐ Poor	• Bitewing or full mouth X-rays. • Calculus must be visible on X-rays.
	☐ D4910		☐ Recent history of periodontal scale / surgery ☐ Oral hygiene: ☐ Good ☐ Fair ☐ Poor Years requested ☐ 1 ☐ 2 ☐ 3 (check one)	• Periodontal charting. • Comprehensive periodontal treatment plan. Allowed once per 12 months.

*No dentist obligated to provide this service [1]tx — treatment [2]AAP — American Association of Periodontists [3]fx — fracture

Continued

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CATEGORY	PROCEDURE CODES (CHECK ALL THAT APPLY)	TREATMENT PLAN JUSTIFICATION (CHECK ALL THAT APPLY)	REQUIRED DOCUMENTATION
Prosthodontic Services — Complete Dentures	☐ D5110 ☐ D5120	☐ Age of existing denture(s) Max_____ Mand_____ ☐ New denture request because: ☐ Worn base / broken teeth ☐ Poor fit ☐ Vertical dimension ☐ This is initial placement of dentures Max_____ Mand_____ ☐ Date(s) last teeth extracted_____ ☐ Has not worn existing dentures for more than three years ☐ Edentulous more than five years without dentures ☐ Lost / stolen / broken dentures ☐ Reline / repair not appropriate ☐ Additional justification_____	• New dentures limited to one per five years, per arch. • Document early requests. • Six weeks healing period required unless special circumstances documented. • Document reasons for not wearing dentures, or for not having ever had dentures. • Submit medical documentation to support special requests. • Document loss and plan for prevention of future mishaps.
Prosthodontic Services — Partial Dentures	☐ D5211 ☐ D5212	☐ Age of existing denture(s) Max_____ Mand_____ ☐ New denture partial request because: ☐ Worn base / broken teeth ☐ Poor fit ☐ Vertical dimension ☐ This is initial placement of dentures Max_____ Mand_____ ☐ Date(s) last teeth extracted_____ ☐ Missing at least one anterior tooth and / or has fewer than ☐ two posterior teeth in any one quadrant in occlusion ☐ with opposing arch ☐ AAP I or II ☐ Nonrestorable teeth have been extracted ☐ Restorative procedures scheduled ☐ Restorative procedures completed ☐ Unusual clinical circumstances — document (needed for employment, etc.) ☐ Recommendation of speech therapist ☐ Lost / stolen / broken dentures ☐ Reline / repair not appropriate ☐ Additional justification_____	• X-rays to show entire arch. • Periodontal charting. • New partials limited to one per five years, per arch. • Document early requests. • Six weeks healing period required unless special circumstances documented. • Document reasons for not wearing partial dentures, or reasons for not having ever had partial dentures. • Submit medical documentation to support special requests. • Document loss and plan for prevention of future mishaps.
Prosthodontic Services — Denture Reline	☐ D5750 ☐ D5751 ☐ D5760 ☐ D5761	☐ Loose or ill-fitting ☐ Tissue shrinkage or weight loss ☐ Recipient is wearing denture ☐ Age of the denture or partial _____	• Relines limited to one per three years, per arch. • Document special circumstances or early requests.
Adjunctive General Services — Anesthesia/ Professional Visit	☐ D9220 ☐ D9241 ☐ D9248 ☐ D9420	☐ Behavior ☐ Disability (describe)_____ ☐ Geriatric ☐ Physician consult ☐ Complicated medical history_____ ☐ Extensive restoration ☐ Maxillofacial surgery (describe)_____	• Submit medical documentation to support special circumstances. • Prior authorization not required for recipients five years and under for procedure D9420.

Additional comments:

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